

**Human Resources**

39100 Liberty Street, P.O. Box 5006, Fremont, CA 94537-5006

(510) 494-4660 *ph* | www.ci.fremont.ca.us

FOR OFFICE USE ONLY

**APPLICATION FOR EMPLOYMENT**

SOCIAL SECURITY NUMBER: -- --		JOB/EXAMINATION TITLE:					
NAME: Last		First			Middle Initial		
ADDRESS:	Number	Street	Apt. No.	City	State	Zip Code	
HOME PHONE: ( ) --		MESSAGE PHONE: ( ) --		WORK PHONE: ( ) --			

**IMMIGRATION REFORM & CONTROL ACT:**  
All new employees will be required to submit verification of their legal right to work in the United States within 72 hours of beginning employment.

**CALIFORNIA DRIVER'S LICENSE:** Please answer only if the Job Announcement for the position indicates possession of a valid California Driver's License is required at the time of employment. Do you currently possess a valid California Driver's License? ☐ Yes ☐ No  
If YES, License # \_\_\_\_\_ Class: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
California Driver's License presently restricted, suspended, or revoked? ☐ Yes ☐ No  
**This information is subject to verification.**

Please answer the following question. If the answer to the question is NO, please give details to the right.

YES NO

1. Can you perform all the essential work functions as described in the job announcement for the position?

☐ ☐

Please answer the following questions. If the answer to any of the questions is YES, please give details to the right.

2. As an adult, have you been convicted of a violation of the law, excluding minor traffic violations? A fingerprint check may be made. A YES answer will not automatically disqualify you.

☐ ☐

3. Have you ever been discharged, other than layoff or honorary discharge from the military, or forced to resign?

☐ ☐**JOB-RELATED EDUCATION AND TRAINING**

EDUCATION: Circle highest grade completed

6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

Did you graduate from high school? ☐ YES ☐ NO

Name of High School attended: \_\_\_\_\_

If NO, do you have a G.E.D., California High

Proficiency Certificate or equivalent?

☐ Yes ☐ No

City and State of High School attended: \_\_\_\_\_

DESCRIBE FULLY ANY BUSINESS, TRADE OR OTHER EDUCATION:

Name & Location of School	Years Attended		Did you Graduate?	Date Graduated	Major Subjects	Diploma or Degree Received	Units Completed	
	From Mo./Yr.	To Mo./Yr.					Sem.	Qtr.
College/University:								
Other Schools:								

Do you have the ability to communicate in a language other than English? ☐ YES ☐ NO

If YES, what language? \_\_\_\_\_

☐ Speak☐ Read☐ Write

Describe fully any job-related skills, knowledge, special training, certificates or licenses you may possess. (Attach additional sheets as necessary.)

Registration/Certificate No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

**Equal Opportunity Employer / Reasonable Accommodation Provided**

### EXPERIENCE

**Do not indicate "See Resume."** List all experience in the last ten (10) years including U.S. Military Service. Be specific in describing these jobs. **Be sure to list each change in title or promotion separately.** Start with your most **recent** experience and work backwards. List any additional or **volunteer** experience you feel is relevant. Attach additional copies of this page if needed. You may also attach your resume or job-related certificates.

From: Mo./Yr. To: Mo./Yr.	EMPLOYER	Title of Your Present Position	No. of Employees Supervised
Hours Per Wk.	ADDRESS City State Zip	Name of Supervisor and Phone No. <small>(the City would contact your current supervisor only with your permission)</small>	
Salary: \$	DUTIES:		
Reason for Leaving:			

From: Mo./Yr. To: Mo./Yr.	EMPLOYER	Title of Your Position	No. of Employees Supervised
Hours Per Wk.	ADDRESS City State Zip	Name of Supervisor and Phone No.	
Salary: \$	DUTIES:		
Reason for Leaving:			

From: Mo./Yr. To: Mo./Yr.	EMPLOYER	Title of Your Position	No. of Employees Supervised
Hours Per Wk.	ADDRESS City State Zip	Name of Supervisor and Phone No.	
Salary: \$	DUTIES:		
Reason for Leaving:			

From: Mo./Yr. To: Mo./Yr.	EMPLOYER	Title of Your Position	No. of Employees Supervised
Hours Per Wk.	ADDRESS City State Zip	Name of Supervisor and Phone No.	
Salary: \$	DUTIES:		
Reason for Leaving:			

If possible, give information below for a person who would know how to reach you at any time. (Local, if possible).

NAME	PHONE	ADDRESS	CITY
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### CERTIFICATE OF APPLICANT

I understand the City of Fremont will try to keep confidential all my application and test material information during the recruitment and examination period, unless I provide written consent for public disclosure. I certify that the information shown is true, complete and correct to the best of my knowledge, and that false or incorrect statements or omissions of fact may subject me to disqualification or dismissal.

SIGNATURE

DATE

Return this application to: **Human Resources • City of Fremont • 39100 Liberty Street • Fremont, CA 94538**

## EMPLOYMENT QUESTIONNAIRE

Applicant: Please complete both sides of this form and submit it with your application. The completed form is confidential and will be detached from your application. This information is voluntary and is gathered in accordance with State and Federal laws for the purpose of evaluating the effectiveness of our recruitment efforts.

Check one: ☐ Male ☐ Female; ☐ Under 40 ☐ 40 and Over

Also, please check only one box for the racial/ethnic category you most closely identify with. (See below for ethnic definitions.)

- ☐ American Indian or Alaskan Native..... All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition. Please identify the tribe with which you are affiliated: \_\_\_\_\_
- ☐ Asian or Pacific Islander..... All persons having origins in any of the original peoples of the Far East, Southeast Asia, and Indian Subcontinent or the Pacific Islands (excluding the Philippine Islands.) This area includes, for example: China, Japan, Korea, and Samoa; the Indian Subcontinent includes: India, Pakistan, Bangladesh, Sri Lanka, Nepal, Sikkim, and Bhutan.
- ☐ Black ..... (Not of Hispanic origin.) All persons having origins in any of the Black racial groups of Africa.
- ☐ Filipino.....All persons having culture or origins in the Philippine Islands.
- ☐ Hispanic ..... All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- ☐ White ..... (Not of Hispanic origin.) All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.
- ☐ Other ..... \_\_\_\_\_

Name: \_\_\_\_\_ Job/Examination Title: \_\_\_\_\_

I first learned of this job opening through (check one only):

- ☐ A City employee (specify employee name) \_\_\_\_\_
- ☐ The City's Human Resources
- ☐ The City's Job Hotline
- ☐ The Employment Opportunities page on the City's website
- ☐ Other job page on the Internet (specify website) \_\_\_\_\_
- ☐ Print advertisement (specify newspaper or magazine) \_\_\_\_\_
- ☐ A publicly-posted brochure (specify where posted) \_\_\_\_\_
- ☐ Job Interest Form/A brochure mailed directly to me
- ☐ Other (specify) \_\_\_\_\_

The Human Resources Office will make reasonable efforts in the examination process to accommodate persons with disabilities or for religious reasons. Please check the box below, if you think you might need this type of accommodation during the testing process.

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